

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB
OF LODI**

**2019-2020
AFTER SCHOOL PROGRAM INFORMATION
September 5, 2019-June 19, 2020**

REGISTRATION with Busing: \$320 Per Month

Rate includes ½ days and days off from school. This rate requires parents to give club permission to view school records and to survey children. This is a flat monthly fee for all months.

REGISTRATION WITH NO BUS PICK UP: A rate of \$255 per month will be offered to After School members who do not require bus pickup. It is the responsibility of the parent or guardian to ensure that the child is brought to the Club. Rate includes ½ days and days off from school. This rate requires parents to give club permission to view school records and to survey children. This is a flat monthly fee for all months.

BOYS & GIRLS CLUB OF LODI OPERATING SCHEDULE

MONDAY – FRIDAY 3:00PM-7:00PM (AFTER SCHOOL PROGRAM MEMBERS)

Half Day of School – 1:00pm-6:00pm (no lunch – dinner served)

Days off from School – 8:00am-6:00pm (lunch must be purchased or bring your own) (no dinner will be served)

WE ACCEPT ALL E-CHILD CARE SUBSIDY SERVICES

All Subsidy parents will be required to pay an additional \$40 per month per child for bus pickup fees.

Boys & Girls Club of Lodi's Child Care Programs will only accept payments on an automated recurring payment system. Debit / Credit Card or Bank Account information must be provided.

NO EXCEPTIONS

**IMMUNIZATION RECORDS & HEALTHCARE PLANS MUST BE SUBMITTED
BEFORE CHILD CAN START PROGRAM**

Automatic Payment System

Boys & Girls Club of Lodi uses an automatic payment system. Our main goal is to provide every opportunity to make your time here at the Club easier and more convenient. All Childcare program fees will be collected through a recurring payment process. Upon registration, you will provide us with a valid credit card, debit card or a bank account and routing number. Each month on a specified date the monthly fees will be automatically debited from your account.

Recurring Payments will make your life easier:

- ***Its convenient (saving you time)***
- ***Your payment is always on time, eliminating late charges and follow up phone calls.***
- ***Avoid congestion and waiting at the Front Desk.***

It is the responsibility of the parent to notify the Club of any changes to the information provided for recurring payments. Any fees or charges resulting from wrong information will be the responsibility of the parent.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Boys & Girls Club of Lodi, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **Boys & Girls Club of Lodi, Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$30.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/ debit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

**AFTER SCHOOL PROGRAM
AGREEMENT & AUTHORIZATION**

I agree to pay all fees as predetermined by the Boys & Girls Club of Lodi. In accordance with stipulated due dates. I understand that all late payments will be subject to 1 ½% interest fees. In the event of non-payment I will be responsible for all attorney costs and understand that my child will be suspended from the Club until all fees are paid.

I have read and understand the following forms as they relate to the Boys & Girls Club of Lodi After School Program and agree to abide by them during my child's enrollment as stated in the program.

- Illness/communicable disease policy
- Information to parents
- Membership application
- Discipline Policy
- Expulsion Policy
- Policy on release of children
- Statement of good health form
- Healthcare Plan (if applicable)
- Social Media Policy
- Member Bathroom Policy
- Payment policy
- Automatic Payment Policy

Member's Name _____

Parents Name _____ / Parent Signature _____

Date _____

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB
OF LODI**

Dear Parent,

In keeping with New Jersey's child care center-licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things; your right to visit and observe our center at any time without having to secure prior permission, the center's obligations to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the state's Division of Youth and Family Services (DYFS).

Please read this statement, if you have any questions please feel free to contact Michael Hosier at 973-473-7410 ext. 105.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joseph J. Licata', with a long horizontal flourish extending to the right.

Joseph J. Licata, MPA
Chief Executive Officer

Please complete and return this portion to the center (please print)

Name of Member _____

Name of Parent (s) _____

I have read and received a copy of this information to parents statement prepared by the Bureau of Licensing in the Division of Youth and Family Services

Signature _____ Date _____

BOYS & GIRLS CLUB OF LODI PAYMENT POLICY

Please initial next to each statement

_____ All payments will be automatically debited from a debit / credit card or bank account that you provide. All payments will be processed by the 10th of the month.

_____ **The After School Program is a FLAT FEE and all months are charged equally.** There are no credits for absences. NO EXCEPTIONS.

_____ Only full payments will be accepted.

_____ Any declines in debit / credit card payments or bank accounts will result in paying any and all fees for such situations.

_____ In the event of Non-payment, the member's parent/guardian will be responsible for all attorney costs and the child will be suspended from the Club until fees are paid in full.

_____ Cancellation of Debit / Credit Card or changing in bank accounts must be reported to our Front Desk so the information can be updated in our systems no later than the 1st of each month.

_____ Failure to follow proper E-Child Care procedures will result in termination from the program, payment of the full program fees and notification to the Office for Children (OFC).

_____ E-Child care parents must pay all co-pays and bus fees as outlined above. Lack of payment will result in suspension.

I HAVE READ AND AGREE TO ALL THE TERMS LISTED ABOVE

Member's Name _____

Parent's Name _____

Parent's Signature _____

Date _____

PHOTO RELEASE FORM

Member Name _____

Membership Number _____

OFFICIAL RELEASE FORM FOR MEDIA / PROMOTION

I hereby give the Boys & Girls Club of Lodi permission to take photographs of my child or photographs in which my child may be involved with others for the purpose of promoting the Club in photos, articles, videos, brochures, and / or flyers.

I hereby release and discharge the Club from any and all Claims out of use of the photos and / or videos

I have read the foregoing document and fully understand its content.

Please check the box if you grant access or deny permission to use your child's image

() I deny permission to use my child's image in any media

() I give permission for my child's image to be used in print, video and digital media. I agree these images may be used by the Boys & Girls Clubs of Lodi / Hackensack for a variety of purposes, and these images may be used without further notifying me. I do understand that my child's last name will NOT be used in conjunction with any video or digital image

Parent/Guardian Name _____ Parent/Signature _____

Date entered into Comet _____

Staff member Initials _____

APPROVED PARENT / GUARDIAN PICKUP PROCEDURES

In an effort to MAINTAIN A HIGH LEVEL OF SECURITY we will be asking that all parents and adults that will be picked up your child/children from the After School Program to provide a photo ID in order to pick up a child from our program. It is important that the Parent/Guardian provides a list of adults who are allowed to pick up a child. Anyone not on this list will NOT be allowed to pick up the child. Please complete the list below and provide the full names of those allowed to pick up your child including those you already listed on the membership application. All approved adults will be asked to sign out their child at the front desk or at a location designated by Club staff. Should you have any questions regarding this policy please feel free to speak with Michael Hosier directly.

Member's Name _____ Membership Number _____

Approved Parent / Guardian to pick up child (please print) please include first & last name

1. Name: _____ Relationship _____ Contact Number _____ DOB: _____
2. Name: _____ Relationship _____ Contact Number _____ DOB: _____
3. Name: _____ Relationship _____ Contact Number _____ DOB: _____
4. Name: _____ Relationship _____ Contact Number _____ DOB: _____
5. Name: _____ Relationship _____ Contact Number _____ DOB: _____
6. Name: _____ Relationship _____ Contact Number _____ DOB: _____
7. Name: _____ Relationship _____ Contact Number _____ DOB: _____
8. Name: _____ Relationship _____ Contact Number _____ DOB: _____

(all fields must be completed)

ANY ADULT WHO COMES TO PICK UP YOUR CHILD AND IS NOT ON THIS LIST WILL NOT BE ABLE TO TAKE YOUR CHILD FROM THE FACILITY.

IN AN EMERGENCY SITUATION THE PRIMARY PARENT / GUARDIAN MUST CONTACT THE CLUB AND INFORM THEM OF SOMEONE NEW COMING TO PICK UP THEIR CHILD AND A PHOTO ID MUST BE PRESENT WHEN THE ADULT COMES TO PICK UP THE CHILD.

Parental Release Form

Please initial next to each individual item on the form below, and sign and date at the end of the document.

_____ School Information

I give my permission to the Boys & Girls Club of Lodi and the Lodi School District to exchange information regarding the minor child listed in this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting the Lodi School District or the Boys & Girls Club in writing.

_____ Surveys and Questionnaires

I, the parent/guardian of the minor child listed on this application, give permission for the Boys & Girls Club of Lodi to survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcome Survey or other survey instruments.

I also give my permission to the Boys & Girls Club of Lodi to share information about the child listed in this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on a membership application form, information provided by the child's school or school district, and other information collected by Boys & Girls Club of Lodi, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

_____ Technology

As a member of the Boys & Girls Club of Lodi, your child will have access to the internet. While precautions are being taken, it is possible that he/she may access inappropriate websites. The Boys & Girls Club will have rules and consequences at the Club for such behavior.

_____ Bus Transportation - I do hereby give the Boys & Girls Club of Lodi permission to provide daily transportation for my child utilizing A&S Transportation and/or any subcontracted bus company from my child's school to the Boys & Girls Club of Lodi. I understand that this transportation is provided by the Boys & Girls Club of Lodi and we have a signed contract with the above-mentioned bus company. The bus company may sub-lease to additional companies at their discretion. In the event of an emergency, delay or cancelation by the bus company, I hereby give the Boys & Girls Club of Lodi permission to walk my child from his/her school to the Boys & Girls Club of Lodi. By signing this you acknowledge having read this and give the Boys & Girls Club of Lodi permission to provide transportation on a daily basis.

Member's Name _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

STATEMENT OF GOOD HEALTH

Member's Name _____ Age _____

I understand that my child is in good health and has NO RESTRICTIONS placed upon him/her while participating in the After School Program activities. Should there be any changes to my child's health I will notify the Boys & Girls Club in writing to inform them of the changes. I grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a member become ill or injured while participating in activities at the Club, or at any time when neither parent is available to grant authorization for emergency treatment.

Parent Name _____ Parent Signature _____ Date _____

My child takes the medication listed below on a regular basis and may need to take this medication while under the care of the Boys & Girls Club of Lodi. I understand that I must submit in writing instructions for my child to take medication while at the Boys & Girls Club of Lodi. Please be advised that the Club has the right to not allow children to take certain medications. There is also a form provided by the Office of Licensing that I must sign and Club staff must complete upon each time my child takes any of the medications listed below.

Has a physician diagnosed your child with asthma? Yes _____ No _____

WE ONLY ADMINISTER LIFE SAVING MEDICATIONS

1. _____ how often must medication be taken: _____
2. _____ how often must medication be taken: _____
3. _____ how often must medication be taken: _____

My child has the following allergies:

What to do if my child has an allergic reaction:

A Healthcare Plan must be completed by a doctor for any child with allergies. Your child will not be able to start program until healthcare plan is completed.

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB
OF LODI**

MENTORING PROGRAM

PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to the Boys & Girls Club Mentoring Program Coordinator by _____. (Date)

Please initial next to each individual item on the form below, and sign and date at the end of the document.

_____ **Club Closing Policy** – Our policy on inclement weather is when the Lodi Public Schools Close, the Boys & Girls Club of Lodi closes. We also reserve the right to close the club for other weather related emergencies. You will be notified as soon as a decision is made. Daily refunds will not be given for any weather or emergency closings. Please check our Facebook for closure updates or call for an automated message.

_____ **Program Absences** – The After School Program is a flat monthly fee and must be paid in full each month by the designated date. **We will not provide refunds for individual absences, vacations, or failure to attend the program regularly.** Our program is based on holding a spot for your child, and we cannot operate our program effectively if we continuously give credits for individual absences.

When your child is going to be absent you must call the Club ASAP. When you do not contact the Club we spend too much extra time going through our procedures to locate your child who is absent and it delays our buses bringing our members back to the Club in a timely fashion.

_____ **Kids Café Program**- The Boys & Girls Club of Lodi has a long standing relationship with the Community Food Bank of New Jersey. We will provide a nutritious dinner daily starting at 6:00pm. State regulations clearly state that only dinner can be served with this program. Therefore, on half days and no school you must provide your child with lunch or provide money to purchase lunch at the Club. The Kids Café program does not provide breakfast or lunch for our program. **Kids Café program will not start until October 2019.**

_____ **Club / Parent Communication** - In many instances the Club needs to contact parents for a variety of different reasons, Club Closings, program updates, payment requests etc. The Boys & Girls Club of Lodi will be introducing **Call-em-All** as a Parent notification tool. Please provide the main contact cell phone number.

_____ **Club Trips** – On occasion the Boys & Girls Club of Lodi will offer trips for our members to participate in. For each trip you will need to complete an individual permission slip. There is no blanket permission slip for trips.

_____ **Personal Belongings** – The Boys & Girls Club of Lodi is not responsible for lost or stolen personal belongings. Please refrain from allowing your child to bring anything of value to the Club, as we cannot be held liable if items are lost or stolen. It is important to put your child's name on all personal items including clothes so it will make it easier for Club Staff to return items to its owner.

_____ **Lost Clothing/Items** – Please make every attempt to notify us of any lost articles of clothing, school clothes, or school books and materials if school uniforms or any school related materials are not claimed within a week we return the items to the schools. All school uniforms that are not claimed within one week will be sent to Columbus School.

_____ **Lost & Found** – All items will be kept in a bin located in the Program Office. Items will be cleared and donated every Friday at 12:00pm. Please make every attempt to search the **Lost & Found**.

_____ **Pick-up / Drop Off** – There is absolutely no standing, parking, picking up or dropping off permitted in the designated "Fire Lane." You must park in a parking space for pick-up / drop-off. Any violation of this policy will result in punishment to the fullest extent of the law. Parents will be responsible for any towing costs or legal fees. This is per town and State Law.

_____ **Cancellation Policy** – In the event that your child will be absent for an extended period of time or removed from the program, you must provide the Club **30 days' written notice**. If you make this request without 30 days' notice your

automatic payments will not stop until the following month. If you are leaving the program and do not provide sufficient notice you will not receive any credits.

_____ **School Trip Policy** – It is not the Club’s responsibility to pick up any child that arrives back from a school class trip after our bus has left that school. We do not have alternate transportation to go back to any school for this reason. It will be the responsibility of the parent to make arrangements in advance if the trip returns after our bus leaves the school. It is the parent’s responsibility to notify the Club when such a trip will occur.

_____ **After School Tutoring** - Due to outsourcing of busing for the After School Program and depending on the arrival time of the buses, we **WILL NOT** be able to accompany your child in waiting for them if they need to stay After School for any reason. Once our buses are on school property we must board the bus and go to the Boys & Girls Club immediately. Our buses make multiple trips and cannot wait for ANY After School activities at the school. It will be up to the parent to pick up the child or provide transportation in these situations.

_____ **NJ Minimum Wage**- We are happy that our members’ parents and guardians will be earning high wages for their families. However, these annual wage increases will result in increased tuition rates and fees for our childcare programs due to an increased cost of operating.

_____ **Busing Cost**- Unfortunately the cost of bus transportation increases every school year. Therefore, program fees and tuition will or may increase when such a situation occurs.

By signing below, I have read & understand the Club policy page and agree to all the information that has been provided in this document.

Parent Name: _____

Date: _____

Parent Signature: _____

Date: _____

Member Name: _____

E-CHILD CARE POLICIES & PROCEDURES

Boys & Girls Clubs of Lodi / Hackensack accepts all subsidy programs. It is important that parents follow these procedures to ensure timely swiping & quick payments.

- ✓ Parent swiping must be current at all times. If for any reason you cannot swipe daily, all swipes for that week must be completed by Friday of that week.
- ✓ Club staff will continuously monitor all swiping. You will be notified by Club staff if you are missing swipes.
- ✓ Failure to complete all swipes within the designated time period may result in OFC not paying us for that time period, therefore you will be billed at the full rate of our After-School Program that we do not get paid for.
- ✓ If swiping is not done consistently OFC will be notified. Please be advised that OFC constantly monitors all swiping. Staff at the OFC offices will contact you if you are missing swipes as well.
- ✓ All copays and bus fees must be paid on time and follow our automatic recurring payment methods.
- ✓ Co-payments are calculated by OFC not the Boys & Girls Clubs of Lodi / Hackensack. This amount is according to the parent's contract with the program. Co-payments must be paid every month as stated by the Office for Children, and Club policy.
- ✓ There is an additional monthly charge of \$40 for all parents receiving state subsidy to offset the additional bus costs the program incurs.
- ✓ If your child is not in the portal, The Boys & Girls Clubs of Lodi / Hackensack must complete discrepancy forms (manual attendance). These forms must be signed by the parent every two weeks, please make every attempt to come to the Club and ask to sign this paperwork. Failure to sign these forms may result in a temporary suspension from the Club program.

Parent Name: _____ Date: _____

Parent Signature: _____ Date: _____

Member Name: _____

AUTHORIZATION AND WAIVER OF LIABILITY POLICY

AUTHORIZATION & WAIVER OF LIABILITY:

I, the parent or guardian of the above named member and beneficiary of the BOYS & GIRLS CLUBS OF LODI/HACKENSACK (THE CLUB), do hereby give approval for participation in any and all activities during the current membership year. I recognize and acknowledge that THE CLUB is a community non-profit organization established for charitable and educational purposes, of which I and my child/children are beneficiaries.

I assume all risks and hazards that may be a part of or incidental to participation in activities that THE CLUB sponsors. I hereby expressly waive, release and absolve THE CLUB of any and all liability and fault for any and all claims arising out of any injury to the participant arising out of his/her participation in activities conducted or sponsored by THE CLUB. Further, I agree to hold harmless and indemnify THE CLUB, its organizers, supervisors, and participants from any and all claims arising out of any injury to the participant.

I also grant permission to supervising personnel and other representatives of THE CLUB to authorize and obtain medical care from any licensed physician, hospital, medical clinic, or medical provider in the event that a participant becomes ill or injured while participating in CLUB activities away from home, or at any time when neither parent nor guardian is available to authorize emergency treatment.

GENERAL MEMBERS/TEEN MEMBERS/RECREATIONAL PARTICIPATIONS/YOUTH VOLUNTEERS

I understand that the BOYS & GIRLS CLUBS OF LODI/HACKENSACK conducts a licensed child care program organized for community charitable and educational purposes. I understand that my child, who is not a member of the licensed after school program or a participant in the licensed summer program, may freely come to and depart from THE CLUB facility, and that THE CLUB is not responsible for the time or manner in which my child may arrive at or leave from THE CLUB.

I also grant permission to supervising personnel and other representatives of THE CLUB to authorize and obtain medical care from any licensed physician, hospital, medical clinic, or medical provider in the event that a participant becomes ill or injured while participating in CLUB activities away from home, or at any time when neither parent nor guardian is available to authorize emergency treatment.

Member Name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Food Allergy Alert



Child's Name: _____

Child's Allergies

1. _____
2. _____
3. _____

Food Allergy Symptoms: red eyes, itchy nose, red face, swollen eyes (and/or lips, tongue, face), hives, rash, labored breathing, wheezing, itchy throat, cramps, vomiting, anaphylactic shock

Is your child on a special diet due to food allergies? _____

If so, what diet: _____

In the event of a severe food allergic reaction, call 911.

Guardian Contact Information: _____

Other Instructions: _____

*** Please provide medical documentation along with this form so that your child will not be served any food items that may cause an allergic reaction. Providing medical documentation will allow us to leave a part of the meal your child is allergic to off his or her plate. If medical documentation is not provided, your child could be served an item he or she may be allergic to.**



Office Use Only

Date Received: _____

Date Entered: _____

By: _____

Boys & Girls Clubs of Lodi/Hackensack

460 Passaic Avenue
Lodi, N.J. 07644

Office Use Only
Member Names: _____

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time)
- Your payment is always on time, eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account, credit card or debit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **Boys & Girls Club of Lodi, Inc.** to charge my credit/debit card or bank account indicated below on the **10th of each month** for the payment of my child(ren)'s tuition.

MANDATORY INFORMATION

Billing Address _____

*Phone# _____

City, State, Zip _____

*Email _____

Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Driver's license for all payment methods

State: _____

: _____

Exp: _____

**This section is required for all transactions.
Attach a copy of ID to this application**

Credit Card/Debit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ Sec. # _____

SIGNATURE

DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Boys & Girls Club of Lodi, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Boys & Girls Club of Lodi, Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/ debit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

